

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACC-1 WELL HISTORY

API NO. 15- 171-20190-00-01

County Scott

DESCRIPTION OF WELL AND LEASE approx. 40'

N of S/2 SW NE Sec. 22 Twp. 19S Rgs. 34 X

2270 Feet from 1/4 (circle one) Line of Section

1980 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Operator: License # 30782

Name: Jim Farr/J.W. Oil Co.

Address 209 Antelope

City/State/Zip Scott City, KS 67871

Lease Name Farr Well # A #1 OWWO

Field Name _____

Purchaser: _____

Producing Formation _____

Operator Contact Person: Jack Goss

Elevation: Ground 3077' KS 3082'

Phone (316) 267-3241

Total Depth 2300' PSTD 2500'

Contractor: Name: Murfin Drilling Company, Inc.

License: 30606

Amount of Surface Pipe Set and Cemented at _____ Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? _____ Yes _____ No

Designate Type of Completion

- _____ New Well _____ Re-Entry X Workover
- _____ Oil X SWD _____ SIGW _____ Temp. Abd.
- _____ Gas _____ ENHR _____ SIGW
- _____ Dry _____ Other (Core, WSV, Expl., Cathodic, etc.)

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

If Workover/Re-Entry: old well info as follows:

Drilling Fluid Management Plan 6-7-83
(Data must be collected from the Reserve Pit)

Operator: Wichita Industries Inc.

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: FARR #1

Dewatering method used _____

Comp. Date 11/10/80 Old Total Depth 5020'
15-171-20190

Location of fluid disposal if hauled offsite: _____

- _____ Deepening _____ Re-perf. X Conv. to Inj/SWD
- _____ Plug Back _____ PSTD
- _____ Commingled _____ Decklet No. _____
- _____ Dual Completion _____ Decklet No. _____
- _____ Other (SWD or Inj?) Decklet No. _____

Operator Name _____

Lease Name _____ License No. _____

04-21-93 04-22-93

Quarter _____ Sec. _____ Twp. _____ Rng. _____ E/W

Spud Date _____ Date Resealed To _____ Completion Date _____

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 22-3-130, 22-3-106 and 22-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 22-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature James Farr by Howard Farr PER

K.C.C. OFFICE USE RECEIVED

F _____ Letter of Confidentiality Attached

C _____ Wireline Log Received

C _____ Geologist Report Received

DATE RECEIVED

6/15/93

Oil & Gas Conservation Commission

Wichita, Kansas

Title Owner Date 5/10/93

Subscribed and sworn to before me this 4 day of June 1993

Notary Public James M. Munn

Date Commission Expires 4/22/1996

Notary Public - State of Kansas

My Exp. Date: Feb. 4, 1996

Operator Name J. W. Oil Company Lease Name Farr Well # A #1 OWWO
 Sec. 22 Twp. 19S Rge. 34 East County Scott
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E.Logs Run:

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SWD	7-7/8"	5 1/2"		2294'	Common 60/40	100 450	8%Gel

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)							
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____